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I hereby revoke all previous por 37 CFR 3.73(b).	wers of attorney given in the	application identified in	the attached statement under		
I hereby appoint:					
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Practitioner(s) named below (if more than ten patent practition	ers are to be named, then a	customer number must be used):		
Name	Registration Number	Name	Name Registration Number		
as attorney(s) or agent(s) to represent to any and all patent applications assigned attached to this form in accordance with	only to the undersigned according t				
		assisted in the attached state			
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 22428					
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Assignee Name and Address: JDS NEURO, LLC 11960 SW 144 th Street					
Miami, FL 33186 USA					
A copy of this form, together with filed in each application in which t the practitioners appointed in this and must identify the application is	this form is used. The stateme form if the appointed practition	ent under 37 CFR 3.73(b) oner is authorized to act	may be completed by one of		
SIGNATURE of Assignee of Record					

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee				
Signature	If Me	Date	2/29/08	
Name	Jeft-X-Mihm	Telephone	(305) 253-5099	
Title	Authorized Representative			

THE PARTICULATED Expt extent native:

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